MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

59660

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIM	CI	JΑ	IN	AS	ì
--------------	----	----	----	----	---

			A 100	CED.	A TOP		LAIMS			A TO	rep	A TC'	ren
	AS F	ILED	AF I	TER ·	A.F.I 2 ^M AMEI	TER		AS F	TILED		TER ndment		FER NDMENT
		222						INID	Lppp				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	51	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	1	4		7			52	+	<u> </u>		 		
3				-/-			53						
4	' ' '		-/-				54		ì				
5							55						
6				7			56				- 1		
7		A					57				. ,		
8		(2)					58						
9			1.				59						
10							60						
11							61		ļ		ļ		
12	· .			\square			62		 				
13	/- -				,		63	_					<u> </u>
14				-		 	64 65	_	1				
15	1		,			 	66	3	 				
16 17						 	67	 	-	<u> </u>			
18				1			68	 	┼──		-		
19				- /-		<u> </u>	69		 				
20				7			70		† 				1
21				7			. 71						
22				1			72		1				
23				1			73						
24				1			74						
25				1			75						
26							76						ļ
27				1			77						
28				/_			78	4	-				-
29			·				79		 				-
30			<u> </u>				80 81		 				┼
31 32							82		 		1		
33		-					83		1				
34							84				1		
35							• —				†		
36	i e	 				1	85 86						1
37							87			1			
38		1					88						
3 9							89						
40							90						
41					<u> </u>	<u>.</u>	91		 	ļ	 		1
42	<u> </u>	<u> </u>					92		 		 	 	
43		<u> </u>					93		-	 	+		
44	<u> </u>	 	!			<u> </u>	94		-		+	1	
45		-		-		 	95 96		+	1	 	1	
46				-		 	90 97		+	1	1	-	+
48				 	1	 	98	-	+	1	 	1-	
49	 	 	 	1		1	99		 	1	1	1	1
50_	1	l	1	<u> </u>	1	1	100						
TOTAL			0	1	Π		TOTA	L	1		1		
IND.	<u> </u>		8	J 🕶		J 🕶	IND.		」 ▼		J 🔻		J 🕶
TOTAL DEP.		(=	20	(=		(TOTA DEP		+		←		+
TOTAL CLAIMS			58				TOTA CLAIN						